PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

oplication or Dock	et Number
(n)	137844
pplication or Dock	SA 2 97

CLAIMS AS FILED - PART I (Column 1)						SMALL ENTITY TYPE		OR	OTHER THA			
TOTAL CLAIMS			109				Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS /04 minus 20=			us 20=				X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS / minus 3 =				•			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							+135= .		OR	+270=		
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART						(Column 3)		SMALL E	NTITY	OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	. 108	Minus	10) 9	=		X\$ 9=	i	OR	X\$18=	
AMENDMENT	Independent	• 4	Minus	***	3	- /		X40=		OR	₹	200
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM		51	+135=		OR	+270=		
			•				AC	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	<u> </u>
		(Column 1)		(Colu		(Column 3)	_					٠
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	<u> -</u>	Minus	***		- /		X40=		OR	X80=	
	FIRST PRESE			+135=		OR	+270=					
							A	TOTAL DIT. FEE	•	OR	TOTAL ADDIT. FEE	
	11 11 11 11 11 11 11 11	(Column 1)		(Colu		(Column 3)						i
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	•	Minus	••	•	8		X\$ 9=		ÓR	X\$18=	,
AME	Independent	•	Minus	ess CNDEN	T CL AIR	=		X40=		OR	X80=	
۲	FIRST PRESE	1	+135=		OR	+270=						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT F											TOTAL ADDIT, FEE	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

DEC 2 8 2005

PTO/5B/17 (12-04/2)
Approved for use through 07/31/2008. OMB 0661-0032
U.S. Potent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduct					Complete	H Kaawa				
Effect Fees pursuant to the Consolid	e18).	Complete if Known Annifestion Number 09/837,844								
FEE TR			1 F	Application Numb	**					
	- ŀ	Filing Date	April 18,							
Fo	ŀ	First Named Inver		Adrian Yap						
Applicant ctalms sma	il entity status.	See 37 CFR 1.27		Examiner Name		RAMAN, Usha				
		130	-	Art Unit Attorney Docket I	2617					
TOTAL AMOUNT OF PA	297									
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account		•	3		ount Name: The	DIRECTV	Group, Inc.			
For the above-iden										
	a) indicated belo						for the filing fee			
ا ست	•		en all for		• •	_	tor are talling for			
1 V Junday 27 Ct	CD 4 48 and 4 4) or underpaymen 7		٠٠٠٠٠٠ ليك	any overpaymen					
WARNING: Information on the Information and authorization	hie form may become on PTO-2038.	ome public. Credit	card infi	on blueds neitarne	t be included on t	his form. Provid	e credit card			
FEE CALCULATION										
1. BASIC FILING, SEA	RCH AND E	XAMINATION F	EES							
i, garara risino, oss	FILING FI	EES	SEAR	CH FEES	EXAMINATIO					
Application Type		nail Entity Fee (\$)	Fog (\$	Small Entity Fee (5)		LEntity e (3)	Fees Paid (\$)			
Utility	300	150	500	250		00				
Design	200	100	100	50	•	65 .				
Plant	200	100	300	30 150		80 .				
Reissue	300	150	500	250		00				
Provisional	200	100	300	25V 0	0	0 .				
		100	U	U	v	•	all Entity			
2. EXCESS CLAIM F	EES					Fee (\$)	Fep (\$)			
Each claim over 20						50	25			
Each independent of		ncluding Reissu	es)			200 360	100 180			
Multiple dependent Total Claims	ciaims Extra Claim	s Fee (5)	Fac	Paid (\$)	1	Huitiple Dependent Claims				
- 20 or HP		X			•	Fee (\$)	Fee Paid (\$)			
HP = highest number of to					_					
Indep. Claims -3 or HP =	Extra Claim	<u> </u>	_ E	Pald (3)	_					
HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1,16(s).										
Total Sheeta	Extra Sheet	<u> Numbe</u> /50 =	e of eac	th additional 60 o	r maction mere	of <u>Fee (\$)</u>	Fee Paid (3)			
- 100		_ /&		_ 0.000 ab m = .			Erro Dald M			
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): Terminal discisimer fee under 37 CFR 1.20(d) 130										
	7									
SUBMITTED BY Signature Registration No. 33,179 Telephone (310) 984-4815										
Signature Signature	yung	*	===	(Attorney/Agent) 3	13,179					
Name (Print/Type) George	in S. Gruneba	.				Date Decen	nber 20, 2005			

This collection of information is required by 37 CFR 1.13s. The information is required to obtain or retain a benefit by the public which is to Be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including exthering, preparing, and extending the completed explication from to the USPTO. Time will vary depending upon the included case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Child Information Officer, U.S. Parient and Tradensark Office, U.S. Department of Commission, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PAGE 3/00 ° RCVD AT 12/28/2005 12:19:09 PM (Eastern Standard Time) * SVR:USPTO-EFXRF-4/30 ° DNIS;2738/300 ° CSID:310 984 0942 ° DURATION (mm-es):09-28

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